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CONFIRMATION NO. 9609

<b>SERIAL NUMBER</b> 10/698,505	<b>FILING OR 371(c) DATE</b> 10/31/2003 <b>RULE</b>	<b>CLASS</b> 715	<b>GROUP ART UNIT</b> 2112	<b>ATTORNEY DOCKET NO.</b> RSW920030161US1	
<b>APPLICANTS</b> Jeffrey Eaton Care, Morrisville, NC;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/03/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature		Initials	
<b>ADDRESS</b> 25259					
<b>TITLE</b> METHOD AND APPARATUS FOR DISPLAYING STATUS OF HIERARCHICAL OPERATIONS					
<b>FILING FEE RECEIVED</b> 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		